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DATENT	APPLICATION	FFF DETERM	INATION	RECORD
DALPNI	APPLICATOR		**********	

Effective November 10, 1998

Application or Docket Number 9/344499

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL E		OR	OTHER SMALL I			
FOR NUMBER FILED NUMBER EXTRA		XTRA	{	RATE	FEE		RATE	FEE			
BA	SIC FEE							380.00	OR		760.00
TO	TAL CLAIMS	5	7 minus 20-	. 3	8	I	X\$ 9=		OR	X\$18=	64.00
IND	EPENDENT CL	AIMS /	minus 3 :	. /	5		X39=		OR	X78=	1,170,00
MU	LTIPLE DEPEN	DENT CLAIM PE	ESENT				+130=		OR	+260=	
• If	the difference.	in column 1 is l	ess than zero,	, enter "0" in co	olumn 2		TOTAL		OR	TOTAL	2.614.00
• If the difference in column 1 is less than zero, enter "0" in column 2 (// 0 4 0 4 (Column 1) (Column 2) (Column 3)					(Column 3)_		SMALL	ENTITY	OR	OTHER SMALL	THAN
MTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 58	Minus 4	- /	-/		X\$ 9=		OR	X\$18=	
MEN	Independent	• [%		nee /	4		X39=		OR	X78=	
	FIRST PRESE	NTATION OF MI	LTIPLE DEPE	NDENT CLAIM			+130=		OR	+260=	
						ı	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Column 2)	(Column 3)		ADDII. FEE (•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total	•	Minus	**	-		X\$ 9=		OR	X\$18=	
NE SE	Independent	•	11_	***	•		X39=		OR	X78=	
lacksquare	FIRST PRESE	NTATION OF M	ULTIPLE DEPE	NDENT CLAIM			+130=		OR	+260=	
							TOTAL		OR	YOTAL ADDIT, FEE	
		(Cohema 1)		(Column 2)	(Column 3)		ADDIT. FEE			ADDII. FCC	
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	•		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	=		X39=		OR	X78=	
L	FIRST PRESE	ENTATION OF M	ULTIPLE DEPE	ENDENT CLAIM		j	+130=		OR	+260=	
A M the centre in cohumn 1 is less than the entry in cohumn 2, write "o" in column 3.											
The "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "20." ADDIT. FEEOH											